

**MAR 30 2010**

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*A Public Document*

CG  
Please type or print in ink.

NAME (LAST) <i>Quernie</i>	(FIRST) <i>Tracy</i>	(MIDDLE) <i>J.</i>	DAYTIME TELEPHONE NUMBER [REDACTED]
MAILING ADDRESS (Business Address Acceptable) [REDACTED]	STREET [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]		OPTIONAL E-MAIL ADDRESS [REDACTED]	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
*Ed of Supervisors*

Division, Board, District, if applicable:  
*Column City*

Your Position:  
*Supervisor Dist 2*

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: *LSR5*

Position: *Attorney*

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of *Column*

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☒ Yes - schedule attached  
*Real Property*

Schedule C ☒ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☐ Yes - schedule attached  
*Income - Gifts*

Schedule E ☐ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-OR-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed *3/30/10*  
(month, day, year)

Signature [REDACTED]

*(File the original signed statement with your filing officer.)*

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

*Quarne*

NAME OF BUSINESS ENTITY X-CEL

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Energy Company

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
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NAME OF BUSINESS ENTITY \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
 ACQUIRED    DISPOSED

Comments:

*X-CEL Does NOT do business in CA*

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name Quasne

► STREET ADDRESS OR PRECISE LOCATION  
945 East St  
CITY Orland CA 945463

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

ACQUIRED 09 / 09 DISPOSED

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION  
8 acre Summit Park & 8 lots  
CITY Carroll ND

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

ACQUIRED 09 / 09 DISPOSED

NATURE OF INTEREST  
☐ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* American Savings Co  
ADDRESS (Business Address Acceptable) PO Box 10388  
Des Moines IA 50306  
BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE 7 % ☐ None TERM (Months/Years) 30 yrs

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☒ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\* none  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE    % ☐ None TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments:

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Quanne</u>

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☒ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_